

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Joseph J. Florio et al.  
**Serial No.:** 09/981,958 **Examiner:** J. Foreman  
**Filed:** 10/16/2001 **Art Unit:** 3736  
**Docket No.:** A01P1073  
**For:** SYSTEM, DEVICE AND METHOD FOR PLACING  
 A BODY IMPLANTABLE LEAD IN THE  
 CORONARY SINUS REGION OF THE HEART

**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration  
☒ Power of Attorney by Assignee...  
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM	NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A TOTAL CLAIMS FEE	10	20	0	X \$ 50	\$ 0
B INDEPENDENT CLAIMS FEE**	2	3	0	X \$200	0
C MULTIPLE- DEPENDENT				X \$ 360	0
D EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					
E ADDITIONAL FEES (i.e., Surcharge - Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$0**	A copy of this letter is enclosed.
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PATENT

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

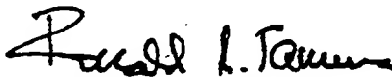
X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 1/25/05

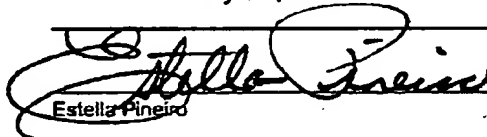


Ronald S. Tamura  
Reg. No. 43,179  
Attorney for Applicants

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 26, 2005



Estella Pineda

1/26/05  
Date

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

09981958

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	37	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37 - minus 20 =	* 37
INDEPENDENT CLAIMS	4 - minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	306.00
X42=		OR	X84=	84.00
+140=		OR	+280=	
TOTAL		OR	TOTAL	1046.00

**CLAIMS AS AMENDED - PART II**

1-2605

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 40	Minus ** 37	= 3
Independent	* 4	Minus *** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.